

4/2

04-28-2003 91510 015 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000002108</b>			
1. Entity Name <b>CARIBBEAN HORIZONS, INC.</b>			
Principal Place of Business 200 DR. MARTIN LUTHER KING JR. BLVD. RIVIERA BEACH, FL 33404		Mailing Address 200 DR. MARTIN LUTHER KING JR. BLVD. RIVIERA BEACH, FL 33404	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent <b>BENEDETTO, JOHN 200 DR. MARTIN LUTHER KING JR. BLVD RIVIERA BEACH, FL 33404</b>		7. Name and Address of New Registered Agent	
NAME		NAME	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
<small>Signature, together with name of registered agent and date is acceptable.      NOTE: Registered Agent Signature required when submitting.      DATE</small>			
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 may be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
10a TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Benedetto, John 5930 Center Street Jupiter, Fl 33458 <input type="checkbox"/> Delete	11a TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10b TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Benedetto, Patricia 5930 Center Street Jupiter, Fl. 33458 <input type="checkbox"/> Delete	11b TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10c TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11c TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10d TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11d TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10e TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	11e TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the proprietor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 10 or Book 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>John Benedetto</u>		DATE: <u>4/23/03</u>	FILE NO: <u>561-745-1354</u>



55044507



CHECK HERE IF MAKING CHANGES

4. FFI Number: **03-0437229**

Applied For:  Not applicable

5. Certificate of State Desired:  \$8.75 Additional Fee Required

CIRCLES (10/02)

Attachment

55044507  
#P02000002108

Division of Corporations - P.O. BOX 1500 - Tallahassee, Florida 32302

Attachment Det# P02000002108

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
HOLTSVILLE NY 00501

DATE OF THIS NOTICE: 05-08-2002  
NUMBER OF THIS NOTICE: CP 575 A  
EMPLOYER IDENTIFICATION NUMBER: 03-0434229  
FORM: SS-4  
0134655987 B

GARIBBEAN HORIZON INC  
200 DR MARTIN LUGHER KING JR BLVD  
RIVIERA BEACH FL 33404

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.  
IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

X